



The Honorable Peter J. Roskam

☐ 507 Cannon House Office Building
Washington, D.C. 20515
202-225-4561
202-225-1166 fax

☒ 150 S. Bloomingdale Road, Suite 200
Bloomingdale, IL 60108
630-893-9670
630-893-9735 fax

To: NPC / Congressman Fax: 314-592-1151

Date: 1-31-08 Phone: _____

From:

(b) (6)

A large black rectangular redaction box covering the "From:" field.

Number of Pages (including cover sheet): 3

COMMENTS: _____

PETER J. ROSKAM

6TH DISTRICT, ILLINOIS

**COMMITTEE ON FINANCIAL
SERVICES****SUBCOMMITTEES:****CAPITAL MARKETS, INSURANCE, AND
GOVERNMENT-SPONSORED
ENTERPRISES****DOMESTIC AND INTERNATIONAL
MONETARY POLICY, TRADE AND
TECHNOLOGY****OVERSIGHT AND INVESTIGATIONS****Congress of the United States
House of Representatives
Washington, DC 20515-1306**507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4561
(202) 225-1106 FAX150 S. BLOOMINGDALE ROAD
SUITE 200
BLOOMINGDALE, IL 60108
(830) 893-9870
(830) 893-8735 FAXwww.roskam.house.gov

January 31, 2008

NPC

Congressional Liaison

PERSONAL 312D2 9700 Page Ave

St. Louis, MO. 63132-5000

Dear Congressional Liaison

My constituent, Mr. (b) (6), has requested my office to make an inquiry regarding military records and any medals and citations entitled.

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, Miss. (b) (6). Thank you for your time and attention.

Very truly yours,

Peter J. Roskam
Member of Congress

PJR/mm

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REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

(b) (6)

	BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE	<u>MARINE CORPS</u>				<input checked="" type="checkbox"/>	(b) (6)
b. RESERVE SERVICE						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death.
☒ NO ☐ YES

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?
☐ NO ☒ YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

☒ An **UNDELETED** Report of Separation is requested for the year(s) _____ - Certified Copy

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

☐ A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED**

All Records, Education, Training, Medical, Awards, Medals,

Ribbons, Citations, Duty Assignments, Dental

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) For Family History

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

☒ Military service member or veteran identified in Section I, above
☐ Next of kin of deceased veteran _____ (relation)

☐ Legal guardian (must submit copy of court appointment)
☐ Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**

(Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.)

(b) (6)

State

Zip Code

Email address